

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90076 039 \*\*\*150.00

**DOCUMENT # F70158**

1. Entity Name

**KRAMER, GREEN, ZUCKERMAN, KAHN & GREENE, P.A.**

Principal Place of Business

Mailing Address

**4000 HOLLYWOOD BOULEVARD  
 SUITE 485 SOUTH  
 HOLLYWOOD FL 33021**

**4000 HOLLYWOOD BOULEVARD  
 SUITE 485 SOUTH  
 HOLLYWOOD FL 33021-6786**

**00007512**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number: **59-2178562**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRAMER, ROBERT M  
 4000 HOLLYWOOD BOULEVARD  
 SUITE 485 SOUTH  
 HOLLYWOOD FL 33021**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	KRAMER, ROBERT M	
STREET ADDRESS	4000 HOLLYWOOD BV #485 S	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ZUCKERMAN, LESLIE H	
STREET ADDRESS	4000 HOLLYWOOD BV #485 S	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GREEN, MITCHELL F	
STREET ADDRESS	4000 HOLLYWOOD BOULEVARD #485 S	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KAHN, HOWARD N	
STREET ADDRESS	4000 HOLLYWOOD BOULEVARD #485 S	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	GREENE, CRAIG M	
STREET ADDRESS	4000 HOLLYWOOD BLVD, SUITE 485	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert M. Kramer*  
**ROBERT M. KRAMER**

1/12/00

Date

954-966-2112

Daytime Phone #

CR2E034 (9/99)